Medicaid EHR Incentive Payment

New Managed Care Provider Joining an Established Group

Please note that completing this form is not necessary if you currently have a Rhode Island Medical Assistance number.

Group Name				
Group Numbers	Group NPI ID			Group TAX ID
Office Address	Street			Suite/Room
	City	State		Zip
	Contact Name	Title		Phone
Mail To: Address	Street			Suite/Room
	City	State		Zip
	Contact Name	Title		Phone

Group Member's Information*	Last Name	First Name	Middle Initial	Title
Group Member's Identifiers	NPI	RIte Share ID**		Rhody Health ID**
Group Member's Signature	Sign			Date
Group Member's Information*	Last Name	First Name	Middle Initial	Title
Group Member's Identifiers	NPI	RIte Share ID**		Rhody Health ID**
Group Member's Signature	Sign			Date
Group Member's Information*	Last Name	First Name	Middle Initial	Title
Group Member's Identifiers	NPI	RIte Share ID**		Rhody Health ID**
Group Member's Signature	Sign			Date

* Please enclose a copy of each member's license and NPI letter from CMS

** Please leave blank if not applicable